

Natalie Jean-Baptiste
2823 Oswego Street
North Bellmore, NY 11710

December 12, 2013

Hon. Dorothy Eisenberg
U.S. Bankruptcy Court
Eastern District of New York
Alphonse M. D'Amato US Courthouse
290 Federal Plaza
Central Islip, NY 11722

Re: Jean-Baptiste v. Educational Credit Management Corporation, et al.
ADV. PRO. NO. 8-13-08129-DTE

Dear Judge Eisenberg:


In furtherance of Your Honor's instructions at the Pre-Trial Conference held on December 3, 2013, I have submitted the enclosed supporting documents to Kenneth Baum, Esq. and Michael McAuliffe, Esq. attorneys for the defendants. The supporting documents include a narrative summary from my hematologist, Dr. James D'Olimpio along with a portion of my medical record, medical records from my orthopedic surgeon, Dr. Marvin Gilbert, partial payment history on the student loans and tax returns from the last 3 years.

I am in the process of retrieving the medical records from my hospital stays at North Shore-LIJ, Nassau County Medical Center and Aventura Hospital and will submit those records as they become available.

The Pre-Trial Conference has been adjourned to February 4, 2014 at 2:00pm.

Thank you for your kind attention to this matter.

Respectfully,


Natalie Jean-Baptiste

Cc: Kenneth Baum, Esq.
Michael McAuliffe, Esq.

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2013 DEC 12 A 11:03
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF
NEW YORK



October 29, 2013

Monter Cancer Center

Department of Medicine
North Shore University Hospital

CONSULTATION:

RE: JEAN-BAPTISTE, NATALIE

MR#: 557638

Don Monti Division of
Medical Oncology
Division of Hematology

DANIEL BUDMAN, M.D., FACP
Interim Chief
Division of Hematology-Oncology

VINCENT VINCIGUERRA, M.D., FACP
Tita and Joseph Monti-
Vincent Vinciguerra, M.D.
Professor of Oncology

STEVEN L. ALLEN, M.D., FACP
Associate Chief, Hematology

JONATHAN KOLITZ, M.D., FACP
Associate Chief, Hematologic Oncology

THOMAS BRADLEY, M.D., FACP
Director, Fellowship Program

LORA WEISELBERG, M.D., FACP
Chief, Breast Cancer Service

RUTHEE-LU BAYER, M.D.
Director, Adult Hematopoietic
Stem Cell Transplant Program

JAMES T. D'OLIMPIO, M.D., FACP, FAAPD
Director, Pain and Symptom Management
Program, Supportive and Palliative

IULIANA SHAPIRA, M.D.
Director, Cancer Genetics Program

SCOTT Z. FIELDS, M.D.
Barbara and Donald Zucker
Professor of UroOncology

Attendings
MYRA BARGINEAR, M.D.
JANE CARLETON, M.D.
KIT CHENG, M.D.
CRAIG DEVOE, M.D.
LAURA DONAHUE, M.D.
CRISTINA GHIUZELI, M.D.
VEENA JOHN, M.D.
ALLA KEYZNER, M.D.
JOHNSON LIU, M.D.
SABEEN MEKAN, M.D.
DORU PAUL, M.D.
HARRY RAFTOPOULOS, M.D.
LINDA RUSSO, M.D.
STEVEN SAVONA, M.D.

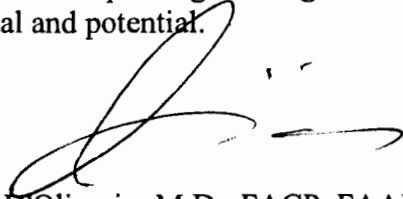
Ms. Jean-Baptiste was seen by me for a period of time dating back to 2007. I had originally seen her in the hospital during a sickle cell crisis. She is an attorney in her early 30's with a history of sickle cell SS disease who up to this point in 2007 had a remarkably benign and indolent course, having only been hospitalized once in 6 years for actual sickle cell crisis. Unfortunately, beginning in March of 2007, this patient developed multiple complications and crises as a result of her sickle cell disease, and I saw her on many occasions dating back to 2007; based on my chart notes in excess of 15 visits spanning 2007 through October 21, 2009, which was her last visit, her exit visit, in which she informed us that she was going to Florida to move to search for additional employment.

She had been hospitalized with acute chest syndrome secondary to pneumonia, had gotten transfusions with chelation therapy. She was not able to do an exchange transfusion. Unfortunately she has developed a significant antibody burden and is unable to receive most blood that is donated. At the time of her last visit, 10/21/09, there were only 5 units of blood in the entire country that matched her that could be given safely. Nevertheless, she did go to Florida with the expectation of seeking medical care there and had been given some references along those lines. She was also not interested in receiving either Hydrea or Exjade, which is a chelating agent but stated that she would think about it at this point. She is known to have secondary iron overload as well as a history of acute chest syndrome which standard of care would dictate she would receive Hydrea for this situation. There has been no contact with her since 2009 but this summary indicates that Ms. Jean-Baptiste has suffered from significant morbidity as a result of her sickle cell disease now in her early 30's. The onset of secondary hemochromatosis which is iron overload, in addition to developing acute chest syndrome in her age group, late 20's/early 30's, is a harbinger of additional toxicities which might disallow a normal type of lifestyle or functionality short of a stem cell transplantation. The natural history of sickle cell disease in her case is for life expectancy to only approach mid 40's. Complications include recurrent chest syndrome, pulmonary hypertension, and sepsis, as well as

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complications of secondary iron overload. Unfortunately Ms. Jean-Baptiste manifests all of these issues and my expectation is that she will need very close follow-up during the course of her life including the possibility of a stem cell transplant. She is reluctant to use medication and I have not had a therapeutic discussion with her in 4 years. Nevertheless her request for me to provide a narrative summary is not unreasonable and the facts in her case would dictate that she is suffering from complications of sickle cell disease for which there is no obvious remedy or cure short of a stem cell transplant. I expect her issues to be ongoing and would be requesting that significant consideration be given to her degree of morbidity both actual and potential.



James T. D'Olimpio, M.D., FACP, FAAHPM
Attending Physician Medical Oncology
Don Monti Division of Medical Oncology
Director, Supportive/Palliative Oncology Cancer
Pain and Symptom Management Program
Monter Cancer Center/Palliative Medicine
North Shore University Hospital
Assistant Professor of Medicine
Hofstra, LIJ School of Medicine
Gastrointestinal Disease Management Team

JTD/ATS/bs/J#52420143